

# *Medicare Remit Easy Print*



Application Overview

September 28, 2005

# *Medicare Remit Easy Print (MREP)*

## *Application Overview – Covered Topics*

The purpose of this MS PowerPoint presentation is to provide you with an overview of the MREP software application. Please refer to the MREP User Manual for more specific instructions on how to utilize the MREP software application.

This MREP Overview includes the following topics:

- What is MREP?
- PC & File Requirements
- Where do I obtain a copy of MREP?
- Installation Process
- Import Process
- Viewing the SPR data
- Reports (Printing the SPR)
- File maintenance
- Questions?

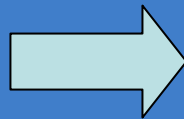


# What is MREP?

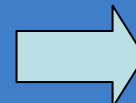
MREP is a PC application that will enable physicians and suppliers to view and locally print a Medicare Part B / DMERC HIPAA compliant 835 file in a format that mirrors the Medicare Standard Paper Remittance Advice (SPR).

HIPAA 835 file  
generated  
by  
your Medicare Carrier

# Import



Print



# Medicare SPR

[illegible]

# MREP PC & File Requirements

To use MREP you must have the following:

## PC Requirements:

- *Recommended speed:* 2.0 GHz or faster
- *Operating System:* Windows 98SE or higher (Windows XP recommended)
- *.NET Framework:* 1.1 or higher (must be on each PC utilizing the application) Please refer to the MREP User Manual and the Microsoft web site for more information on the .NET framework and installation protocol.

## File Requirements

- **ANSI 835 4010A1 files (referred to as HIPAA 835 files)**
  - ANSI 835 4010A1 files are industry standard formatted files that are generated by your Medicare carrier and which contain your claim payment data that corresponds to what you receive on paper today (SPR).
  - You must be receiving ANSI 4010A1 835 files from your Medicare Carrier and know where you store them on your PC or local area network. Please contact your Medicare Carrier to receive ANSI 4010A1 835 files.
  - This application is currently designed to use only Medicare Part B and DMERC HIPAA 835 files.

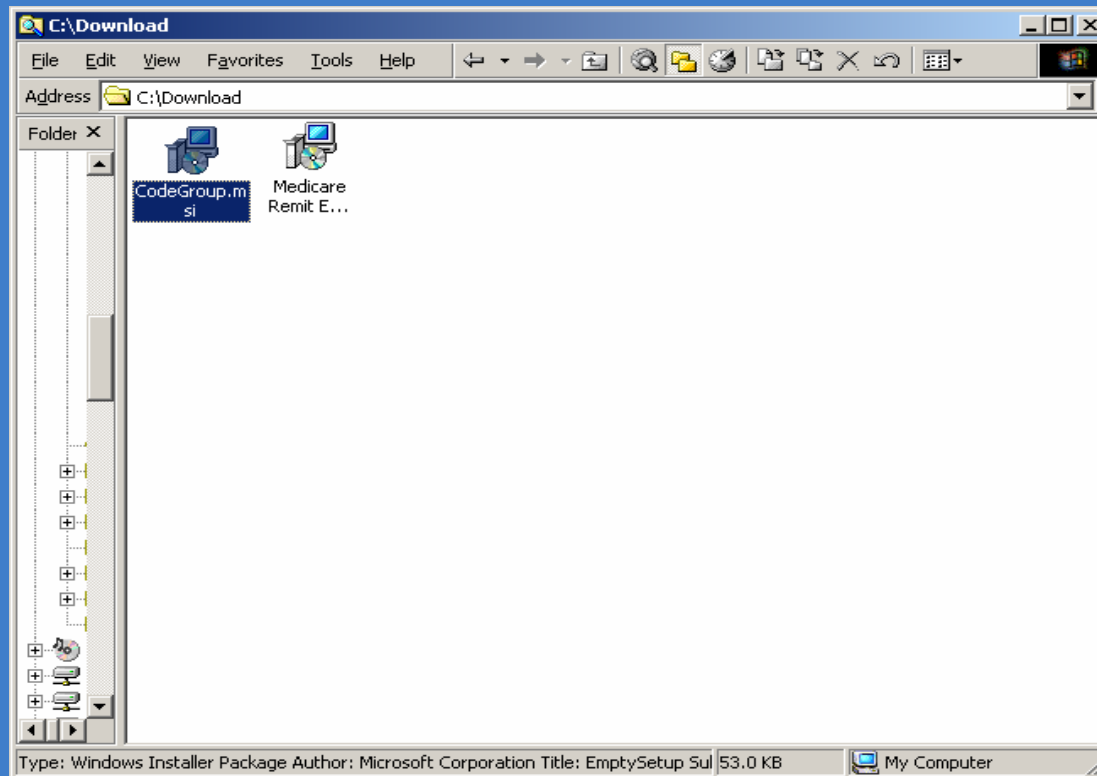
# How do I obtain a copy of the MREP software?

- Please go to your local carrier's web site and search for Medicare Remit Easy Print. There will be a link allowing you to download the application.
- Please save a copy of the download instructions and the Medicare Remit Easy Print User Manual, which are also located on your local Carrier's web site. This documentation is important to understanding how to download, install, and utilize the application.
- To obtain a *free* copy of MREP and the associated documentation from your Medicare Carrier you must have the following:
  - Access to the internet.
  - WinZip or a compatible decompression application to extract files. If you do not have a decompression application then you can go to a number of websites to acquire one (For example: <http://www.winzip.com/downwzeval.htm>).
- If you are unable to download the software from your Carrier's web site, please contact your Medicare Carrier for assistance.

# Overview of Installation – *Easy* as 1-2-3

- Step 1:

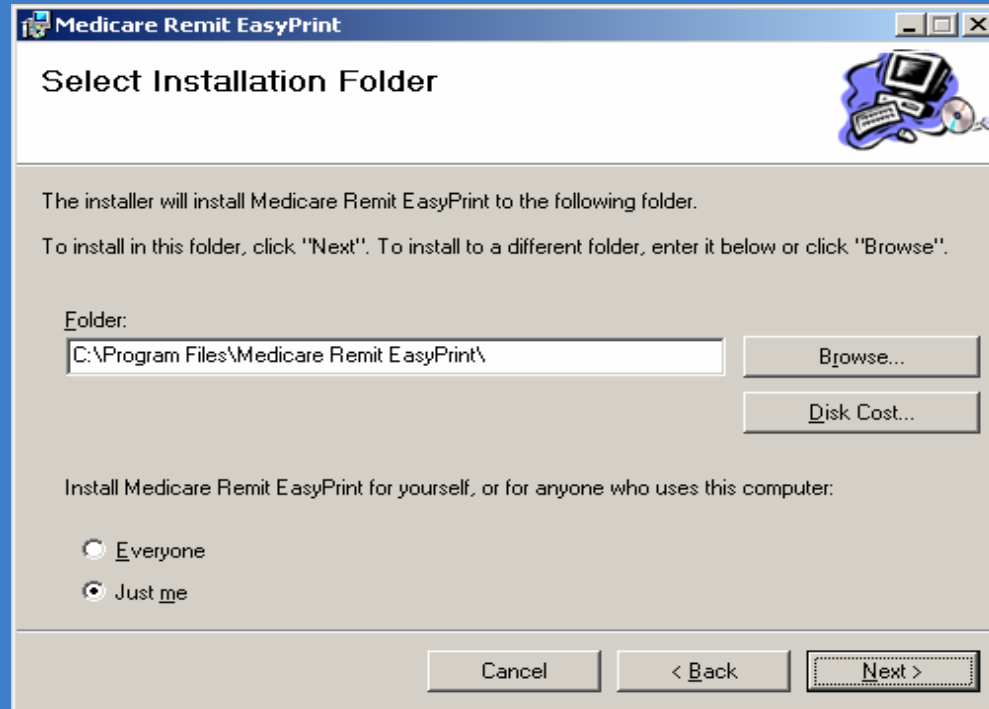
After downloading the MREP application from your Carrier web site to your PC or local area network, locate the MREP installation package and click on the *Medicare Remit Easy Print .msi* file.



# Installation process contd.

- Step 2:

After being prompted with the following window, identify the directory where the MREP application and MREP created files will be stored and then click 'Next'. The application will then be installed, followed by a window confirming the installation is complete (click 'Close' on this window to complete the process).



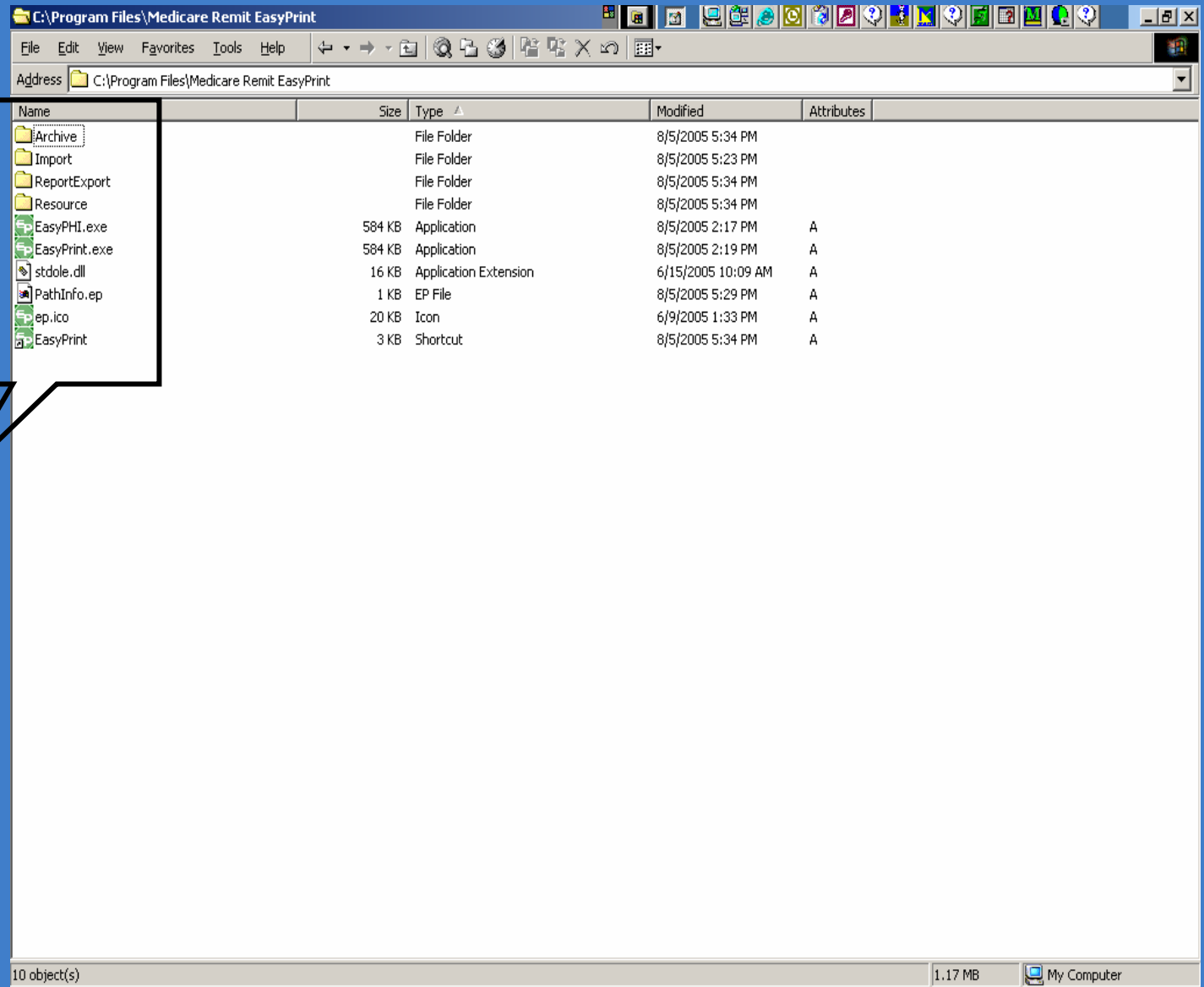
# Installation process contd.

- Step 3:
  - The MREP installation process creates the following in the directory you designated in Step 2:
    - Easy Print .exe
    - Easy Print icon (automatically copied to the installation PC's desktop – click on this to open the application)
    - Import folder (will store the MREP intermediate files)
    - Archive folder (will store Archived MREP intermediate files)
    - Report Export folder (will store exported MREP report files)
    - Resource folder (used within the MREP application)
- Step 4: (Only for those users utilizing MREP on a network)

If you are installing the application to be shared on a network, then you must install Code Group.msi on each PC using the shared MREP application. Double click on this file after you install MREP. **THIS MUST BE DONE ON EVERY PC USING MREP VIA A SHARED NETWORK.**



Installation  
package  
automatically  
creates  
folders  
needed for  
ongoing  
application  
maintenance



# Import Process

*What's happening behind the scenes?*

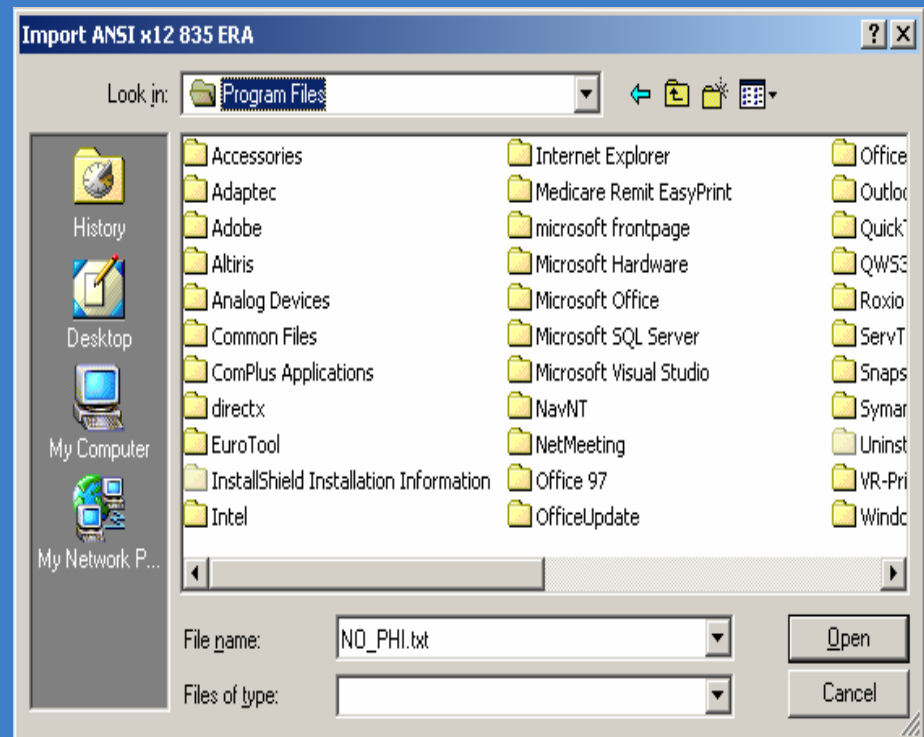
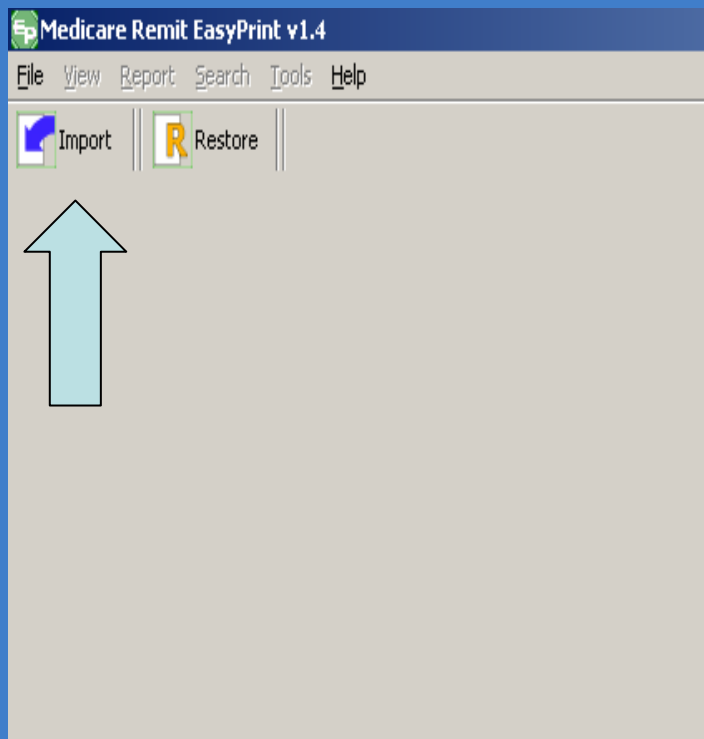
## Step 1

Import  
Button selected



## Step 2

User locates  
HIPAA 835 file  
and clicks  
'Open'



# Import Process

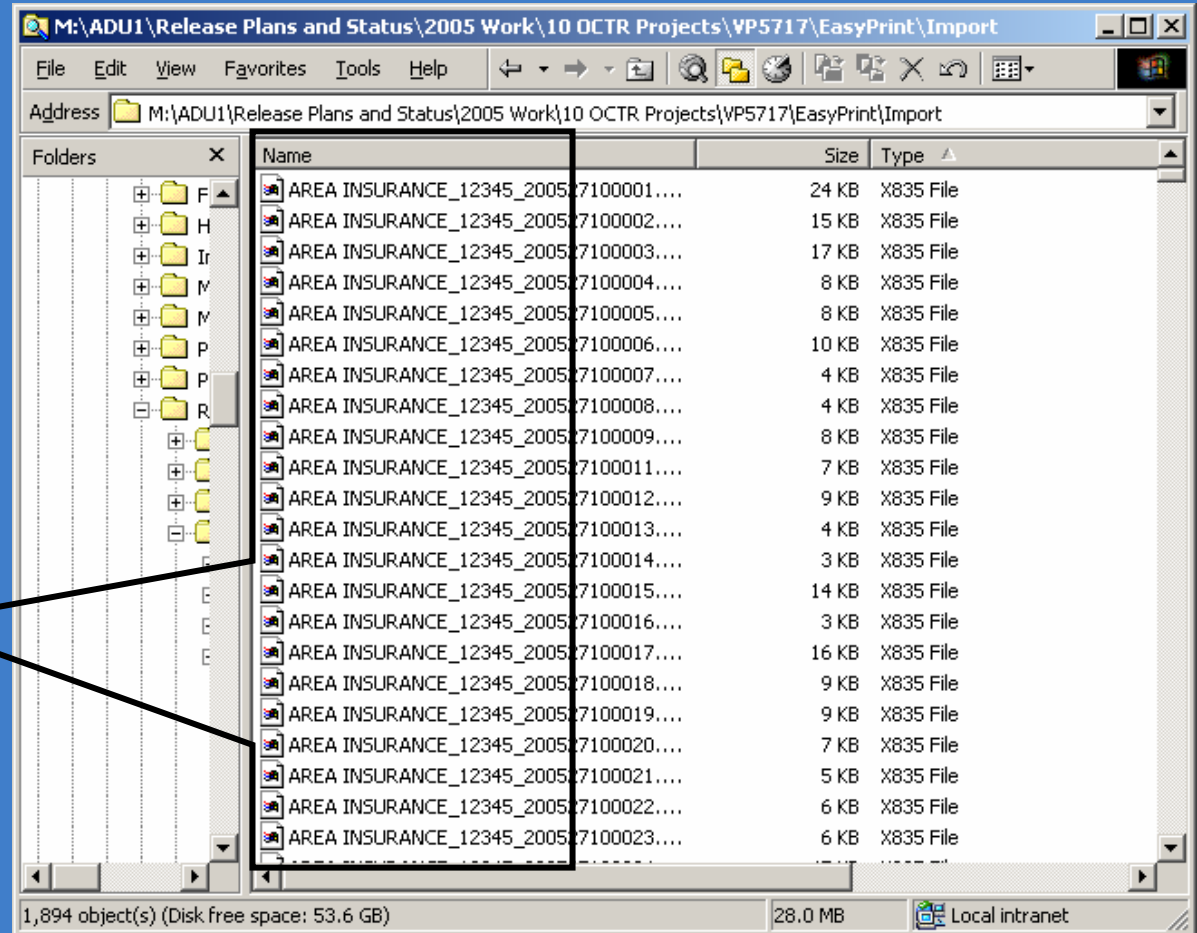
*What's happening behind the scenes?*

## Step 3

Easy Print creates a **COPY** of the HIPAA 835 file into a format readable by the application (“SPR file”)

## Step 4

SPR file stored in ‘Import’ folder



## Import Process contd.

- Importing made *Easy* – “One time effort”
  - Opening the MREP application will display all SPR files in the MREP Import folder
  - Uninstalling and reinstalling the application (e.g. steps performed to utilize a newer version of the application) will still display the same files unless they are removed by the user

# Viewing SPR Data after Import complete

## *General Point to Remember:*

**MREP** allows you to view the *detailed* data for one SPR at a time

## Split Screen for *Easy* Reference

- Top Portion: Listing of all SPR files available in the “Import” folder
- Special features:
  - SORT on Columns for customized display
  - MOVE Columns for customized display
- Lower Portion: Detailed information for highlighted SPR





# Viewing SPR Data Contd.



## Overview of Lower Portion of Split Screen

- 'Claim List' Screen
  - Provides general claims information found on the highlighted SPR
  - This is the primary screen for using the 'Claim Detail' Screen
    - Click on the claim's check box to see the detail on the 'Claim Detail'
  - This is the primary screen for narrowing the user's search in the 'Data View' Screen
    - Highlight the claim to enable the 'Data View' button, which transports the user to the claim data as it appeared on the HIPAA 835 file
- 'Claim Detail' Screen
  - For those claims that are selected on 'Claim List' screen , this screen will display the detail as it would appear on a SPR
- 'SPR Summary' Screen
  - Displays a summary of the quantifiable data found on the highlighted SPR
- 'Data View' Screen
  - Allows the user to view the HIPAA 835 file in a user friendly format
- 'Search' Screen
  - Allows the user to search the highlighted SPR for specific information

# 'Claim List' contd.:

Lists all claims found in the highlighted SPR

Checking a claim(s) enables the user to quickly view all or individual claims in the SPR format using the Claim Detail Tab

The screenshot shows the Medicare Remit EasyPrint v1.4 application window. The top menu bar includes File, View, Report, Search, Tools, and Help. Below the menu is a toolbar with buttons for Import, Report, Archive, Restore, Delete, Search, and Print List. The main window displays a table of claims with columns: Payer Name, Payee Name, Date, Check/EFT ..., Claims, Check/EFT Number, Version, and Filename. The table lists several claims from AREA INSURANCE to ACME PHYSICIANS INC. on 04/22/05. A black box highlights the 'Claim List' tab in the bottom navigation bar. Another black box highlights the 'Data View' button in the bottom navigation bar. A text box with an arrow pointing to the 'Data View' button contains the text: 'Highlighting a claim enables the 'Data View' button and will transport the user directly to that claim's specific claim data as it was listed on the HIPAA 835.'

Payer Name	Payee Name	Date	Check/EFT ...	Check/EFT ...	Claims	Check/EFT Number	Version	Filename
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	0.00	NON	3	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	743.96	EFT	4	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	695.01	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	288.77	EFT	5	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	763.28	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	181.71	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	9.66	EFT	9	12345	004010X091A1	AREA INSURAN...

Claim List	Claim Detail	SPR Summary	Data View	Search	Glossary		
<input checked="" type="checkbox"/> Doe, Sally	ACNT	ICN	Billed Amount	Paid Amount	From Date	To Date	A
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	24.00	9.66	4/7/2005	4/7/2005	
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	185.99	4/7/2005	4/7/2005	
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	185.99	4/7/2005	4/7/2005	
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	-397.50	0.00	1/6/2005	1/6/2005	
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	185.99	1/6/2005	1/6/2005	
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	397.50	185.99	4/7/2005	4/7/2005	
<input checked="" type="checkbox"/> Doe, Sally	7722337	119932404007801	24.00	9.66	4/7/2005	4/7/2005	

Print Check All UnCheck All Data



# Viewing SPR Data Contd.

## 'Claim Detail'

Provides detailed information with data similar to the SPR

Zoom in / out allows user to enlarge / minimize display of text

Medicare Remit EasyPrint v1.4

File View Report Search Tools Help

Import Report Archive Restore Delete Search Print List

Payer Name	Payee Name	Date	Check/EFT ...	Check/EFT ...	Claims	Check/EFT Number	Version	Filename
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	0.00	NON	3	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	743.96	EFT	4	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	695.01	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	280.77	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	763.28	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	481.71	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	9.66	EFT	9	12345	004010X091A1	AREA INSURAN...

Claim List Claim Detail SPR Summary Data View Search Glossary

AREA INSURANCE  
225 Main Street  
Centerville, PA 17111

ACME PHYSICIANS INC.  
225 Main Street  
Centerville, PA 17111

PROVIDER #: 0210310068  
DATE: 04/23/2005  
CHECK/EFT #: 12345

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME Doe, Sally				HIC SJD11111	ACNT 7722337				ICN 119932404007801	ASG Y MOA MA18 MA01	
0210310068	0407	040705 12	1	E0570 RRKJ		24.00	12.08	0.00	2.42	CO-42	11.92 9.66
PT RESP		2.42		CLAIM TOTALS		24.00	12.08	0.00	2.42		11.92 9.66
ADJ TO TOTALS: PREV PD				INTEREST		0.00				LATE FILING CHARGE	0.00 NET 9.66
CLAIM INFORMATION FORWARDED TO: BCBS OF SOUTH CAROLINA(OVER65)											

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME Doe, Sally				HIC SJD11111	ACNT 7722337				ICN 119932404007801	ASG Y MOA MA18 MA01	
0210310068	0407	040705 12	1	E1390 RR		344.50	200.41	0.00	40.08	CO-42	144.09 160.33
0210310068	0407	040705 12	1	E0431 RR		53.00	32.08	0.00	6.42	CO-42	20.92 25.66
PT RESP		48.50		CLAIM TOTALS		397.50	232.49	0.00	46.50		165.01 185.99
ADJ TO TOTALS: PREV PD				INTEREST		0.00				LATE FILING CHARGE	0.00 NET 185.99

Print Zoom In Zoom Out Reset Zoom

9/28/2005

# Viewing SPR Data Contd.

## ‘SPR Summary’

Provides a quick summary of payment and adjustment amounts for the SPR highlighted at the top portion of the screen

The screenshot displays the Medicare Remit EasyPrint v1.4 application window. At the top, there is a menu bar (File, View, Report, Search, Tools, Help) and a toolbar with icons for Import, Report, Archive, Restore, Delete, Search, and Print List. Below the toolbar is a table with columns: Payer Name, Payee Name, Date, Check/EFT ..., Check/EFT ..., Claims, Check/EFT Number, Version, and Filename. The table contains six rows of data for AREA INSURANCE and ACME PHYSICIANS INC. on 04/22/05, with various check amounts and claim numbers. Below the table is a tabbed interface with tabs for Claim List, Claim Detail, SPR Summary (which is selected and highlighted with a black box), Data View, Search, and Glossary. The SPR Summary tab displays a report titled 'Easy Print VER #1.4 PROVIDER PAYMENT SUMMARY REPORT VER: 004010X091A1'. The report includes the following information: PROVIDER NAME: ACME PHYSICIANS INC., CHECK/EFT TRACE NUMBER: 12345, PROVIDER #: 0210310068, CHECK DATE: 04/23/05, and TOTAL CLAIMS: 7. A summary of payment and adjustment amounts is listed below:

BILLED AMOUNT	:	1240.50
TOTAL REASON CODE ADJUSTMENT AMOUNT	:	286.38
TOTAL ALLOWED AMOUNT	:	954.12
TOTAL COINSURANCE AMOUNT	:	190.84
TOTAL DEDUCTIBLE AMOUNT	:	0.00
TOTAL PAID TO PROVIDER	:	763.28
TOTAL INTEREST AMOUNT	:	0.00
TOTAL CHECK/EFT AMOUNT	:	763.28

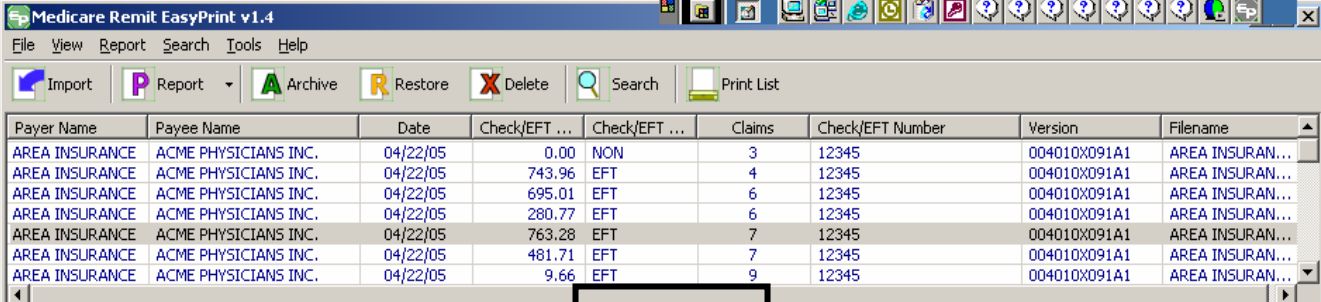
At the bottom of the window, there is a toolbar with icons for Print, Zoom In, Zoom Out, and Zoom Reset. The system clock in the bottom right corner shows 9/28/2005.

# Viewing SPR Data Contd.

## 'Data View'

Research tool for troubleshooting issues (displays the data as it appeared on the HIPAA 835 file)

Educational tool to assist users in understanding the HIPAA 835 standard file layout



Medicare Remit EasyPrint v1.4

File View Report Search Tools Help

Import Report Archive Restore Delete Search Print List

Payer Name	Payee Name	Date	Check/EFT ...	Check/EFT ...	Claims	Check/EFT Number	Version	Filename
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	0.00	NON	3	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	743.96	EFT	4	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	695.01	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	280.77	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	763.28	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	481.71	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	9.66	EFT	9	12345	004010X091A1	AREA INSURAN...

Claim List Claim Detail SPR Summary **Data View** Search Glossary

Loop & Segment	Field	Description	Value
01		Address Information	225 Main Street
HDRB : BPR			
HDRB : TRN			
HDRB : REF			
HDRB : REF			
HDRB : DTM			
1000A : N1			
1000A : N3			
1000A : N4			
1000A : REF			
1000A : PER			
1000B : N1			
<b>1000B : N3</b>			
1000B : N4			
1000B : REF			
2000 : LX			
2100 : CLP			
2100 : NM1			
2100 : NM1			
2100 : MOA			
2100 : DTM			
2110 : SVC			
2110 : DTM			
2110 : CAS			
2110 : CAS			
2110 : REF			
2110 : REF			
2110 : AMT			
2000 : LX			
2100 : CLP			
2100 : NM1			
2100 : NM1			

Segment count >> 138

9/28/2005

# Viewing SPR Data Contd.

## Search

Assist w/ finding data *easily* (no more leafing through paper!)

Displays claim detail associated with search results that can be printed independently

Pop-Up Calendar for date reference

The screenshot displays the Medicare Remit EasyPrint v1.4 application. The top menu bar includes File, View, Report, Search, Tools, and Help. Below the menu is a toolbar with buttons for Import, Report, Archive, Restore, Delete, Search, and Print List. The main window is divided into two sections. The top section is a table with columns: Payer Name, Payee Name, Date, Check/EFT, Claims, Check/EFT Number, Version, and Filename. The bottom section is a search results table with columns: Name, ACNT, HICN, Service Date(s), POS, and E. A pop-up calendar for September 2005 is overlaid on the search results table, showing the date 9/28/2005. The calendar is titled 'September, 2005' and shows the days of the week and the dates. The date 9/28/2005 is highlighted in red. The text 'Today: 9/28/2005' is displayed below the calendar. The search results table shows a list of claims for 'Doe, Sally' and 'Right, Samuel' with various dates and amounts. The bottom of the window has a status bar with 'Print Results' and 'Claim Detail' buttons. The date '9/28/2005' is displayed in the bottom right corner.

Payer Name	Payee Name	Date	Check/EFT	Claims	Check/EFT Number	Version	Filename
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	0.00	NON	3	12345	004010X091A1
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	743.96	EFT	4	12345	004010X091A1
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	695.01	EFT	6	12345	004010X091A1
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	280.77	EFT	6	12345	004010X091A1
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	763.28	EFT	7	12345	004010X091A1
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	481.71	EFT	7	12345	004010X091A1
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	9.66	EFT	9	12345	004010X091A1

Name	ACNT	HICN	Service Date(s)	POS	E
Doe, Sally	7722337	SJD11111	11993	12	24
Doe, Sally	7722337	SJD11111	11993	12	34
Doe, Sally	7722337	SJD11111	11993	12	5
Right, Samuel	7722337	SJD11111	11993	12	34
Right, Samuel	7722337	SJD11111	11993	12	5
Doe, Sally	7722337	SJD11111	11993	12	-34
Doe, Sally	7722337	SJD11111	11993	12	-5
Doe, Sally	7722337	SJD11111	11993	12	34
Doe, Sally	7722337	SJD11111	11993	12	5
Doe, Sally	7722337	SJD11111	119932404007801	12	34
Doe, Sally	7722337	SJD11111	119932404007801	12	5
Doe, Sally	7722337	SJD11111	119932404007801	12	24

September, 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Today: 9/28/2005

Print Results Claim Detail

9/28/2005

# Search SPR contd.

Click on  
'Exact Match'  
option to  
narrow search

User can  
transport to claim  
detail for claims  
found in search

The screenshot displays the Medicare Remit EasyPrint v1.4 application window. At the top, there is a menu bar (File, View, Report, Search, Tools, Help) and a toolbar with icons for Import, Report, Archive, Restore, Delete, Search, and Print List. Below the toolbar is a table with columns: Payer Name, Payee Name, Date, Check/EFT, Check/EFT, Claims, Check/EFT Number, Version, and Filename. This table lists several entries for AREA INSURANCE and ACME PHYSICIANS INC. dated 04/22/05.

Below this table is a navigation bar with tabs: Claim List, Claim Detail, SPR Summary, Data View, Search, and Glossary. The 'Search' tab is active. Within the Search tab, there is a 'Select search field' dropdown set to 'HICN' and a 'Value to find:' text box containing 'SJD'. To the right of these is an 'Exact Match' checkbox, which is currently unchecked, and a 'Search' button. A black box highlights the 'Exact Match' checkbox.

Below the search controls is a large table with columns: Name, ACNT, HICN, ICN, Procedure Code, Service Date(s), POS, and E. This table contains 14 rows of search results for 'Sally Doe' and 'Samuel Right', all with HICN 'SJD11111' and ICN '119932404007801'. The 'Exact Match' checkbox is highlighted with a black box, and a line points from the text 'Click on 'Exact Match' option to narrow search' to it.

At the bottom of the window is a footer bar with two buttons: 'Print Results' and 'Claim Detail'. A black box highlights the 'Claim Detail' button, and a line points from the text 'User can transport to claim detail for claims found in search' to it. The date '9/28/2005' is displayed in the bottom right corner.

# Viewing SPR Data Contd.

## Glossary

View of Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) found on the highlighted SPR

The screenshot displays the Medicare Remit EasyPrint v1.4 application. At the top is a menu bar with File, View, Report, Search, Tools, and Help. Below the menu is a toolbar with buttons for Import, Report, Archive, Restore, Delete, Search, and Print List. The main window contains a table with the following columns: Payer Name, Payee Name, Date, Check/EFT Amount, Check/EFT Type, Claims, Check/EFT Number, Version, and Filename. The table lists several claims from AREA INSURANCE to ACME PHYSICIANS INC. on 04/22/05. The fourth row is highlighted. Below the table is a tabbed interface with tabs for Claim List, Claim Detail, SPR Summary, Data View, Search, and Glossary. The Glossary tab is selected and highlighted with a black box. It contains a list of adjustment codes and their descriptions. At the bottom of the window are buttons for Zoom In, Zoom Out, Reset View, and Codes, along with a date stamp of 9/28/2005.

Payer Name	Payee Name	Date	Check/EFT ...	Check/EFT ...	Claims	Check/EFT Number	Version	Filename
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	0.00	NON	3	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	743.96	EFT	4	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	695.01	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	280.77	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	763.28	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	481.71	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	9.66	EFT	9	12345	004010X091A1	AREA INSURAN...

**Glossary**

- { 42 } - Charges exceed our fee schedule or maximum allowable amount.
- { 50 } - These are non-covered services because this is not deemed a 'medical necessity' by the payer.
- { CO } - Contractual Obligations
- { CR } - Correction and Reversals
- { MA01 } - If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- { MA03 } - If you do not agree with the approved amounts and \$100 or more is in dispute (less deductible and coinsurance), you may ask for a hearing within six months of the date of this notice. To meet the \$100, you may combine amounts on other claims that have been denied, including reopened appeals if you received a revised decision. You must appeal each claim on time. At the reconsideration, you must present any new evidence which could affect our decision.
- { MA13 } - You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.
- { MA18 } - The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- { MA67 } - Correction to a prior claim.
- { N115 } - This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP/LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/lmcd> or if you do not have web access, you may contact the contractor to request a copy.

# Viewing SPR Data Contd.

## Glossary contd.

Links within  
messages  
will link to  
specified  
web site

Look-up  
feature  
available if  
code not listed  
(see next  
slide)

The screenshot shows the Medicare Remit EasyPrint v1.4 application. At the top is a menu bar (File, View, Report, Search, Tools, Help) and a toolbar with icons for Import, Report, Archive, Restore, Delete, Search, and Print List. Below this is a table with the following columns: Payer Name, Payee Name, Date, Check/EFT, Check/EFT ..., Claims, Check/EFT Number, Version, and Filename. The table contains seven rows of data for AREA INSURANCE and ACME PHYSICIANS INC. on 04/22/05.

Payer Name	Payee Name	Date	Check/EFT	Check/EFT ...	Claims	Check/EFT Number	Version	Filename
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	0.00	NON	3	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	743.96	EFT	4	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	695.01	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	280.77	EFT	6	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	763.28	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	481.71	EFT	7	12345	004010X091A1	AREA INSURAN...
AREA INSURANCE	ACME PHYSICIANS INC.	04/22/05	9.66	EFT	9	12345	004010X091A1	AREA INSURAN...

Below the table is a tabbed interface with tabs for Claim List, Claim Detail, SPR Summary, Data View, Search, and Glossary. The Glossary tab is active, displaying a list of codes and their descriptions:

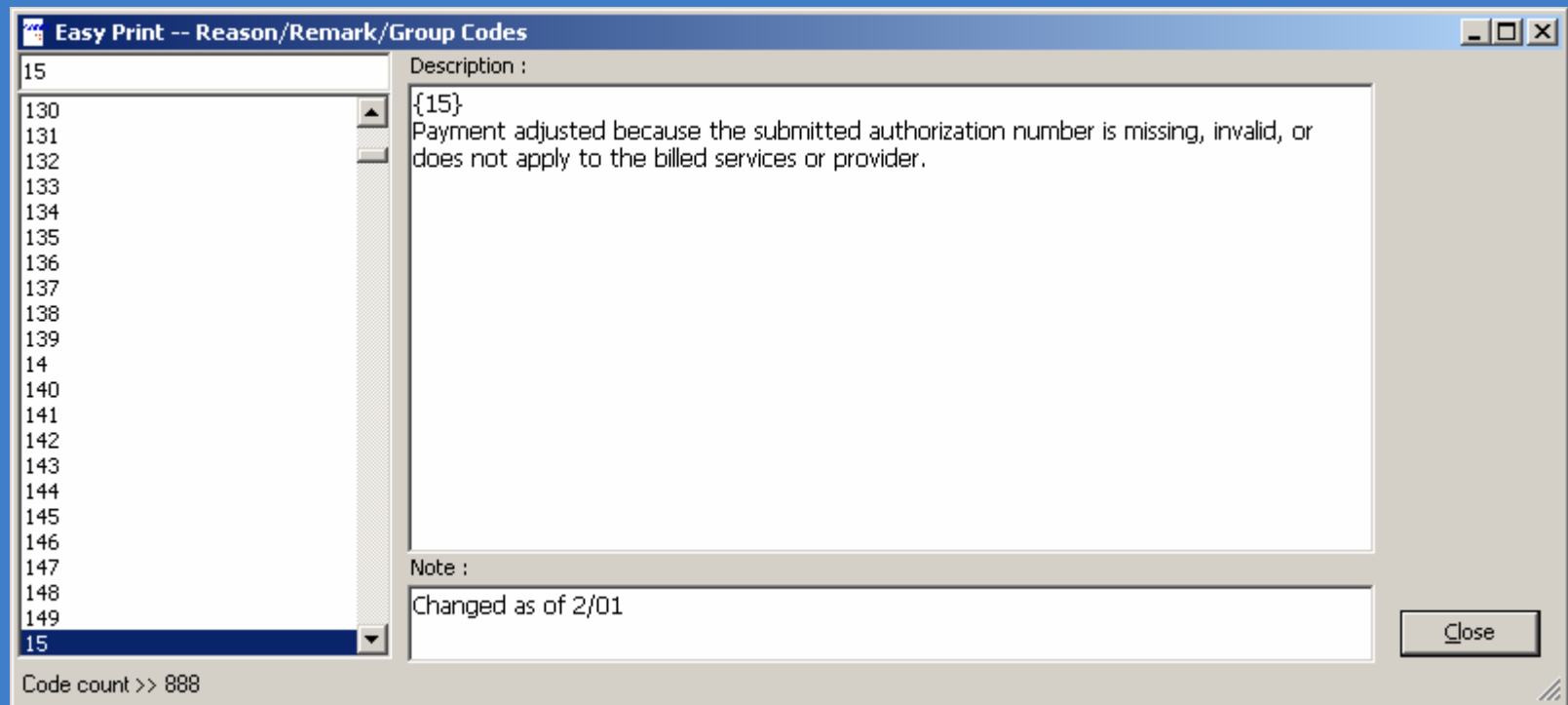
- { CO } - Contractual Obligations
- { CR } - Correction and Reversals
- { MA01 } - If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- { MA03 } - If you do not agree with the approved amounts and \$100 or more is in dispute (less deductible and coinsurance), you may ask for a hearing within six months of the date of this notice. To meet the \$100, you may combine amounts on other claims that have been denied, including reopened appeals if you received a revised decision. You must appeal each claim on time. At the reconsideration, you must present any new evidence which could affect our decision.
- { MA13 } - You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.
- { MA18 } - The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- { MA27 } - Correction to a prior claim.
- { N115 } - This decision was based on a local medical review policy (LMRP) or Local Coverage Determination (LCD). An LMRP/LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at <http://www.cms.hhs.gov/lcd>, or if you do not have web access, you may contact the contractor to request a copy of the LMRP/LCD.
- { PR } - Patient Responsibility

At the bottom of the window is a toolbar with Zoom In, Zoom Out, Reset View, and a 'Codes' button with a question mark icon. The date 9/28/2005 is displayed in the bottom right corner.

# Viewing SPR Data Contd.

## Glossary 'Codes' contd.

Look-up feature available if code not listed – when selected, the below box appears displaying WPC-EDI website descriptions and comments





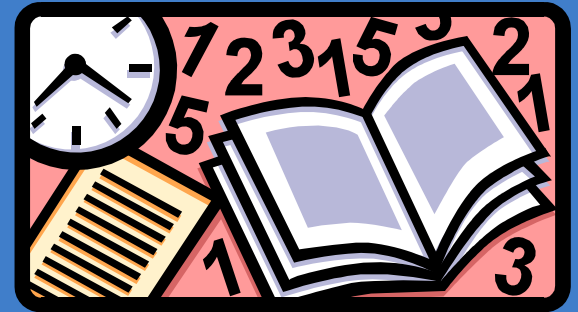
# Viewing SPR Data Contd.

- Problem-solving made *Easier* (For all)
  - Ability to print out ‘Claim List’, ‘Claim Detail’, ‘SPR Summary’ and ‘Search Results’ screens
  - Printouts have the MREP Version and date/time printed, allowing the user to know what version he/she is utilizing and to help when making the determination if the user needs to upgrade to a newer version of MREP.
  - Display Zoom-in capability

# Reports

- Available Reports (Based on highlighted SPR)

- Denied Service Lines
- Adjusted Service Lines
- Deductible Service Lines
- Entire Remittance



- *Ease of Use Features*

- Print Preview (Just in case you don't want to print)
- Printer selection (For sending to a different printer)
- Export to text file for sorting, data management

# Denied Claim Line(s) Report

Print preview
Close
Page 1

## Denied Claim Line(s) Report

Generated: 8/8/2005 4:33:53 PM

Carrier: ACME INC

Payee # 9999999999  
Payee Name: JOHN Q. PROVIDER  
Chk Date: 99/99/99  
Chk/EFT #: 9999999999999999

Seq #	Provider #	MCNT # / Name	ICN/MICN	Ln#	Service Date(s)	Proc/Mod	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	01	08/30/04-08/30/04	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-50				Remark Codes: N115	
00002	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	01	09/30/04-09/30/04	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-50				Remark Codes: N115	
00003	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	01	10/30/04-10/30/04	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-50				Remark Codes: N115	
00004	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	02	11/30/04-11/30/04	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-50				Remark Codes: N115	
00005	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	02	12/30/04-12/30/04	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-50				Remark Codes: N115	
00006	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	02	01/30/05-01/30/05	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-50				Remark Codes: N115	
00007	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	02	02/28/05-02/28/05	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-50				Remark Codes: N115	
00008	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	01	01/07/05-01/07/05	E0260 RRKJBU	177.00	0.00	0.00	0.00	0.00
						Reason Code: CO-13				Remark Codes: MA13 MA01	
00009	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	01	04/12/05-04/12/05	E1390 RR	344.50	0.00	0.00	0.00	0.00
						Reason Code: CO-B17				Remark Codes: MA18 MA13 MA01	
00010	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	02	04/12/05-04/12/05	E0431 RR	53.00	0.00	0.00	0.00	0.00
						Reason Code: CO-B17				Remark Codes: MA18 MA13 MA01	
							945.50	0.00	0.00	0.00	0.00

Print preview											
Close											
Page 1											
Adjusted Claim Report											
Generated: 8/8/2005 4:38:21 PM											
Carrier: ACME INC											
Payee # 9999999999											
Payee Name: JOHN Q. PROVIDER											
Chk Date: 99/99/99											
Chk/EFT #: 9999999999999999											
Seq #	Provider #	ACNT # / Name	ICN/HICN	Lrx#	Service Date(s)	Proc/Mod	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	9999999999	7777777777777777	8888888888888888	01	02/10/04-02/10/04	A4450	-18.00	-13.20	0.00	-2.64	-10.56
		DOE JOHN	9999999999			AM	Reason Code: CR-42			Remark Codes: MA18 MA01	
00002	9999999999	7777777777777777	8888888888888888	02	02/10/04-02/10/04	A6196	-238.50	0.00	0.00	0.00	0.00
		DOE JOHN	9999999999			A1	Reason Code: CR-50			Remark Codes: M25 N102	
00003	9999999999	7777777777777777	8888888888888888	03	02/10/04-02/10/04	A6253	-411.00	-380.40	0.00	-76.08	-304.32
		DOE JOHN	9999999999			A2	Reason Code: CR-42			Remark Codes: MA18 MA01	
00004	9999999999	7777777777777777	8888888888888888	04	02/10/04-02/10/04	A6402	-13.05	0.00	0.00	0.00	0.00
		DOE JOHN	9999999999			A1	Reason Code: CR-57			Remark Codes: M25 N115	
00005	9999999999	7777777777777777	8888888888888888	05	02/10/04-02/10/04	A6446	-216.00	-98.40	0.00	-19.68	-78.72
		DOE JOHN	9999999999			A2	Reason Code: CR-42			Remark Codes: MA18 MA01	
00006	9999999999	7777777777777777	8888888888888888	06	02/10/04-02/10/04	A6402	-13.95	-11.16	0.00	-2.23	-8.93
		DOE JOHN	9999999999			A1	Reason Code: CR-42			Remark Codes: MA18 MA01	
							-910.50	-503.16	0.00	-100.63	-402.53

# Deductible Claim Line(s) Report

Print preview

Close

Page 1

## Deductible Claim Line(s) Report

Generated: 8/8/2005 4:39:09 PM

**Carrier:** ACME INC

**Payee #** 9999999999  
**Payee Name:** JOHN Q. PROVIDER  
**Chk Date:** 99/99/99  
**Chk/EFT #:** 9999999999999999

Seq #	Provider #	ACNT # / Name	ICN/HICN	Lrx#	Service Date(s)	Proc/Mod	Billed	Allowed	Deduct	Coins	Pd to Prov
00001	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	01	02/11/05-02/11/05	A4310 FX	15.40	13.12	13.12	0.00	0.00
						Reason Code: PR-1				Remark Codes: MA01	
00002	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	02	02/11/05-02/11/05	A4338 FX	22.80	22.80	7.17	3.13	12.50
						Reason Code: PR-1				Remark Codes: MA01	
00003	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	01	02/10/05-02/10/05	A4450 AM	6.00	4.40	4.40	0.00	0.00
						Reason Code: PR-23				Remark Codes: MA13 MA01	
00004	9999999999	7777777777777777 DOE JOHN	8888888888888888 9999999999	02	02/10/05-02/10/05	A6021 AL	375.00	315.30	30.84	7.85	31.53
						Reason Code: PR-23				Remark Codes: MA13 MA01	
							419.20	355.62	55.53	10.98	44.03

REND PROV	SERV DATE	POS	NOS	PROC	MDS	BILLED	ALLOWED	DEDUCT	COINS	GRF/RC-AMT	PROV PD
ACME INC 1 MAIN ST. ANYWHERE, AA 99999 555-555-5555						MEDICARE ENHANCEMENT NOTICE					
JOHN Q. PROVIDER 2 MAIN AVE. ANYWHERE, AA 99999						PROVIDER #: 9999999999 PAGE #: 1 DATE: 99/99/9999 CHECK/EFT #: 9999999999999999					
NAME DOE, JOHN HIC 999999999 ACMT 777777777777777 ICM 888888888888888 ASG Y MOA HA07 HA01											
9999999999 0407 040705 12 1 E1390 ER 344.50 200.41 0.00 40.08 C0-42 144.09 160.33											
9999999999 0407 040705 12 1 E0431 ER 53.00 32.08 0.00 6.42 C0-42 20.92 25.66											
PT RESP 46.50 CLAIM TOTALS 397.50 232.49 0.00 46.50 165.01 185.99											
ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 185.99											
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO											
NAME DOE, JOHN HIC 999999999 ACMT 777777777777777 ICM 888888888888888 ASG Y MOA HA18 HA01											
9999999999 0407 040705 12 1 E1390 ER 344.50 200.41 0.00 40.08 C0-42 144.09 160.33											
9999999999 0407 040705 12 1 E0431 ER 53.00 32.08 0.00 6.42 C0-42 20.92 25.66											
PT RESP 46.50 CLAIM TOTALS 397.50 232.49 0.00 46.50 165.01 185.99											
ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 185.99											
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO											
NAME DOE, JOHN HIC 999999999 ACMT 777777777777777 ICM 888888888888888 ASG Y MOA HA07 HA01											
9999999999 0209 020905 12 1 E1390 ER 344.50 200.41 0.00 40.08 C0-42 144.09 160.33											
9999999999 0209 020905 12 1 E0431 ER 53.00 32.08 0.00 6.42 C0-42 20.92 25.66											
PT RESP 46.50 CLAIM TOTALS 397.50 232.49 0.00 46.50 165.01 185.99											
ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 185.99											
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO											
NAME DOE, JOHN HIC 999999999 ACMT 777777777777777 ICM 888888888888888 ASG Y MOA HA07 HA01											
9999999999 0309 030905 12 1 E1390 ER 344.50 200.41 0.00 40.08 C0-42 144.09 160.33											
9999999999 0309 030905 12 1 E0431 ER 53.00 32.08 0.00 6.42 C0-42 20.92 25.66											
PT RESP 46.50 CLAIM TOTALS 397.50 232.49 0.00 46.50 165.01 185.99											
ADJ TO TOTALS: PREV PD 0.00 INTEREST 0.00 LATE FILING CHARGE 0.00 NET 185.99											
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO											
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-RHT	PROV PD AMT	PROV ADJ AMT	CHECK AMT		
	4	1590.00	929.96	0.00	0.00	0.00	743.96	0.00	9.99		
GLOSSARY : GROUP, REASON, MOA, REMARK AND REASON CODES											
42 Charges exceed our fee schedule or maximum allowable amount.											
C0 Contractual Obligations											
HA01 If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim											

MEDICARE  
REMITTANCE  
NOTICE

```

PROVIDER #:      9999999999
PAGE #:          1
DATE:            99/99/9999
CHECK/EFT #:     9999999999999999

```

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME DOE, JOHN												
			HIC	999999999	ACNT	7777777777777777	ICN	8888888888888888	ASG	Y	MOA	HA07 HA01
9999999999	0407	040705	12	1	EL390	RR	344.50	200.41	0.00	40.08	C0-42	144.09 160.33
9999999999	0407	040705	12	1	E0431	RR	53.00	32.08	0.00	6.42	C0-42	20.92 25.66
PT RESP	46.50				CLAIM TOTALS		397.50	232.49	0.00	46.50		165.01 185.99
ADJ TO TOTALS:	PREV PD		0.00		INTEREST		0.00		LATE FILING CHARGE	0.00	NET	185.99
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO												
NAME DOE, JOHN												
			HIC	999999999	ACNT	7777777777777777	ICN	8888888888888888	ASG	Y	MOA	HA18 HA01
9999999999	0407	040705	12	1	EL390	RR	344.50	200.41	0.00	40.08	C0-42	144.09 160.33
9999999999	0407	040705	12	1	E0431	RR	53.00	32.08	0.00	6.42	C0-42	20.92 25.66
PT RESP	46.50				CLAIM TOTALS		397.50	232.49	0.00	46.50		165.01 185.99
ADJ TO TOTALS:	PREV PD		0.00		INTEREST		0.00		LATE FILING CHARGE	0.00	NET	185.99
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO												
NAME DOE, JOHN												
			HIC	999999999	ACNT	7777777777777777	ICN	8888888888888888	ASG	Y	MOA	HA07 HA01
9999999999	0209	020905	12	1	EL390	RR	344.50	200.41	0.00	40.08	C0-42	144.09 160.33
9999999999	0209	020905	12	1	E0431	RR	53.00	32.08	0.00	6.42	C0-42	20.92 25.66
PT RESP	46.50				CLAIM TOTALS		397.50	232.49	0.00	46.50		165.01 185.99
ADJ TO TOTALS:	PREV PD		0.00		INTEREST		0.00		LATE FILING CHARGE	0.00	NET	185.99
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO												
NAME DOE, JOHN												
			HIC	999999999	ACNT	7777777777777777	ICN	8888888888888888	ASG	Y	MOA	HA07 HA01
9999999999	0309	030905	12	1	EL390	RR	344.50	200.41	0.00	40.08	C0-42	144.09 160.33
9999999999	0309	030905	12	1	E0431	RR	53.00	32.08	0.00	6.42	C0-42	20.92 25.66
PT RESP	46.50				CLAIM TOTALS		397.50	232.49	0.00	46.50		165.01 185.99
ADJ TO TOTALS:	PREV PD		0.00		INTEREST		0.00		LATE FILING CHARGE	0.00	NET	185.99
CLAIM INFORMATION FORWARDED TO: JOHN Q. FORWARDED TO												
TOTALS:	# OF CLAIMS	BILLED AMT		ALLOWED AMT	DEDUCT AMT		COINS AMT	TOTAL RC-AMT	PROV PD AMT		PROV ADJ AMT	CHECK AMT
	4	1590.00		929.96	0.00		0.00	0.00	743.96		0.00	9.99

GLOSSARY : GROUP, REASON, HOA, REMARK AND REASON CODES  
42 Charges exceed our fee schedule or maximum allowable amount.  
C0 Contractual Obligations  
HA01 If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim.

# File Maintenance

You guessed it . . . Made *Easy*

- Archive file
  - Prompts the user to the archive folder created during the install process or *Easily* select your own location
  - Option to check all files or check each file individually
- Restore file
  - Same as Archive but in reverse (restore from Archive)
- Delete file
  - Completely removes MREP SPR files
    - Please note: This MREP feature will NOT delete the HIPAA 835 files that are used as the source unless the user keeps them in the same directory as the MREP files and choose to delete the HIPAA 835 files. Deleting HIPAA 835 files is not recommended.



**Archive Imported Files**

Folder : C:\Program Files\Medicare Remit EasyPrint\Archive\ Browse

Payer Name	Payee Name	Date	Check Amo...	Check Type	Claims
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	481.71	EFT	7
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1483.68	EFT	15
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1382.08	EFT	19
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1364.87	EFT	19
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	703.86	EFT	15
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	763.28	EFT	7
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1649.44	EFT	12
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	279.82	EFT	19
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	9.66	EFT	9
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	743.96	EFT	4
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	280.77	EFT	6
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	2603.06	EFT	34

File count : 29

☐ Check All

Archive Cancel

Archive, Restore, or Delete:  
Option to perform this for  
all available SPRs or  
individual SPRs

**Restore Imported Files**

Folder : M:\ADU\Release Plans and Status\2005 Work\10 OCTR Projects\WP5717\EasyPrint\Import\ Browse

Payer Name	Payee Name	Date	Check/EFT ...	Check/EFT ...	Claims
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	1382.08	EFT	19
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	1649.44	EFT	12
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	279.82	EFT	19
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	9.66	EFT	9
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	743.96	EFT	4
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	1584.10	EFT	30
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	280.77	EFT	6
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	2509.60	EFT	37
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	1364.87	EFT	19
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	1292.97	EFT	21
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	1157.85	EFT	15
<input type="checkbox"/> AREA INSUR...	ACME PHYSICIANS INC.	04/22/05	0.00	NON	3

1895 file(s) listed.

☐ Check All

Restore Cancel

**Delete selected import file(s)**

Payer Name	Payee Name	Date	Check Amo...	Check Type	Claims	Check Number
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	481.71	EFT	7	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1483.68	EFT	15	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1382.08	EFT	19	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1364.87	EFT	19	999999999999999
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<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	763.28	EFT	7	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	1649.44	EFT	12	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	279.82	EFT	19	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	9.66	EFT	9	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	743.96	EFT	4	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	280.77	EFT	6	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	2603.06	EFT	34	999999999999999
<input type="checkbox"/> JOHN Q. PAYER	JOHN Q. PAYEE	04/22/05	934.67	EFT	17	999999999999999

File count : 29

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## Questions?

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